Educator/Facilitator Reflection Form

This reflection form is designed to help you reflect on the program cycle to determine what is going well and what you might want to improve. We recommend that you complete this reflection form twice during each cycle of an evidence-based program (EBP):

* Mid-Cycle Reflection: Once after any session up to halfway through a cycle

(You choose when, during the first half of the cycle, you would like the feedback)

* End-of-Cycle Reflection: Again at the next to last or last session

ACT for Youth will not be collecting this set of surveys – these are for your use. But if you have any questions please contact your ACT for Youth support team member.

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| Your Name: |
| Name of EBP:  |
| Name of the agency receiving CAPP or PREP funding: |
| Please indicate your level of agreement with each of the statements below. |
|  | Strongly Disagree | Disagree | Agree | Strongly Agree |
| Overall the EBP is going/went very well. |  |  |  |  |
| The youth seemed really interested in most/all of the sessions. |  |  |  |  |
| All or most of the youth are participating/participated in the activities. |  |  |  |  |
| I was able to answer sensitive questions well so far/throughout. |  |  |  |  |
| I have been/was able to manage any disruptive behaviors well. |  |  |  |  |
| I was/have been able to be responsive to the group while still managing time well. |  |  |  |  |
| Please complete the following statements  |
| The modules that seemed to hold participants’ interest best were: |
| The modules I felt did not go so well were: |
| My presentation skills that have improved most are: |
| The presentation skills I want to work on are: |
| I would appreciate assistance/training with the following skills or content matter: |

*(Rev: 6/22)*